## Application for

GEORGIA	RECORDS DISPOSITION STANDARD	RECORDS MANAGEMENT DIVIS	TON		
1 Application Date // January 17, 1975 2 Assency Applicating Surger 1	INSTRUCTIONS See separate instructions for completion of front and reverse of this form. Sign original and two occies and forward to Befortment of Archives' and Ristory. Attention from the Management Officer.	Date Received App	ivision use. A lication no. Date Completed  5-90-APR - 9 19		
3 AGENCY, Division, Subdivision & A	Administering Office Address	Person to Contact			
Department of Veterans Service 1 Hunter Street, SW (Supply & Records Divn.) Atlanta, Georgia 30334		Harry B. Brown, Jr.			
		5. Working Title RMO	6 556-2332		
7.ACTION REQUESTED		<del></del>			
			r accumulation; Lation anticipate		
8.Earliest & Latest	9. Exact Series Title				
-CA 1930 to Date	Veterans Case Files (Central Offi	ice)			
10. What is the functio	n of the office in which this record s	series is created	!?		
dependents, and b medical aid, reha disability claims	ests of veterans in Georgia. The Departmenticiaries of benefits, such as educated bilitation services, housing and employ and other benefits prescribed by Federal Department also provides assistance in	cation training, oyment opportunit eral, State, and	health and ies, death and local laws.		
	n idenctor shell maintain full, commontain full, commontain to claims on vetera fit throwed the lamentront.	of cll proper	ectaleta comics		
ll. This file contains and file arrangemen	the following documents (include form at).	numbers and titl	es, if any,		
benefits thro	ng to maintaining case files on veterand ough the Department. See attached listing to agency applicat				
			eren e		
File is arrange	ed: Alpha-numerically by Vetera	ins Service Off:	ice Control no.		
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## ATTACH SAMPLES OF THE FILE

2. вантривит осспрівн	No. of Dravers	Cu. Ft. of Records		To of	Drevers 🛰	Cu. Pt. o	f Records
Letter-size File Drawers	1031	1546.5	ASSUAL RATE OF ACCOMULATION	.50 .75		5	
Legal-sixe File Dravers		-	Ficor Space Occupied (Square Feet)	In off	100 sq		re Ares(s)
) Shelves		1325.00		This Year's	Last Year's	Preceding Year's	
	<u>-</u>	HEAT OF THE STATE	AVERAGE DAILY REPERENCES	500	500	500	500

QUESTIONNAIRE Place an "x" in the proper column. If answer is "IES," please explain	0 والمراب ES
13. Is this the Record Copy of the series?	[ <sub>X</sub> ] []
This office is the office of record.  14. Is there a duplication of this series in another office or agency?	[x] [.]
Field Office has copy and V.A. Federal Office has partial duplic 15. Is the information contained in this series ever summarized or published?	eation. $[\ ]\ [_{X}]$
Attach copy of summary or publication.	f 1 f <b>X</b> 1
16. Does the series contain classified information requiring security handling?	
Privileged information therein.  17. Does the series initiate, amend or terminate agency policies and procedures?	· · · · · · · · · · · · · · · · · · ·
18. Could the function be performed if the files were lost or destroyed? Information could be obtained from field offices or from VA files.	[X] []
19. Is the series (or major portion of it) regularly microfilmed? If yes, why?	[ ] [ <sub>X</sub> ]
20. Does the record series provide data as input to an EDP file?	[ ] [x]
21. Does the record series contain documentation produced as EDP printout?	. [x] · [ <u>x</u> ] and the
22. Has the Federal Government issued instructions governing the retention/disposition of these files?	- [][x]
23. Will there be a need for these records 10, 15 years from now? If yes, what?	[x] []
Veterans benefits continue to flow for unlimited frime.	
24. REQUIREMENTS. The following requires the files to be kept permanent years:	
a. XSTATE b. []STATUTE OF c. []AUDIT d. []FEDERAL e. []ADMINISTRATIVE f. []H  LAW LIMITATION PERIOD LAW DECISION V  (Cite Law, Statute, or other reason for the retention requirement)  Ga. Code Annotated 78-413 The director shall maintain full, adequate complete copies of all records pertaining to claims on veterans who for claims for veteran's benefit through the department.	VALUE e <b>and</b>
25. AGENCY RECOMMENDATIONS. This agency recommends that the file series be cut off of each -[]CALENDAR YEAR -[]FISCAL YEAR -[X]OTHER	
[ ] Hold in the current files areamonth(s)/year(s): [ ] Transfer to [ ] State Records Center [ ] Local Holding Area; holdyear(s).	ear(s):
[ ] Transfer to State Archives for permanent retention. [ ] Destroy immediately after cut-off.	
-[x] Other: (Specify)	
or transfer to State Archives for permanent refention.	
	·
(Indicate briefly rationale for recommendations above/or write additional re	emarks):
Fecords Agnagement Officer (Signature) Date OTHER REQUIRED SIGNATURES	DATE
X (	
26. Recommendations Agency Head/Designee	21
26. Recommendations Agency Head/Designee in paragraph 25 [X] Approved [] Disapproved	1975
26. Recommendations Agency Head/Designee in paragraph 25 [X] Approved [] Disapproved are:  [] Approved [] Disapproved [] Approved [] Disapproved	1925 H-8-75
26. Recommendations Agency Head/Designee in paragraph 25 [X] Approved [] Disapproved are:	1975 H-875 44-75

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Training Request, VSO Form 55 Benefits Checklist - Vietnam, VSO Form (VN-36) Request for copy of death certificate, VSO Form 35 Request for copy of dependant's birth certificate, VSO Form-34 Monetary Benefits, VSO-18 Record of Long Distance Calls, VSO Form 16 Case Summary, VSO-12 Application for Aid and Attendance Under Provisions of Public Law 90-77 For Widow, VSO-3-A Application for Veteran's Certificate of License Exemption. Form VSO TE-A Certificate of Eligibility, DLB - 21 Application for Automobile or Other Conveyance, VA form 21-4502 Request for Confidential Verification of Birth, VA form 21-4504 Election of Compensation or Pension in Lieu of Retired Pay or Waiver of Retired Pay to Secure Compensation or Pension from Veterans Administration (38 U.S.C., 3104 (a) - 3105)Request for Change of Address, VA Form 572 Application for Amounts on Deposit for Deceased Veteran, VA Form 21-6898 Application for Amounts Due Estates of Persons Entitled to Benefits, VA Form 21-609 Application for Accrued Benefits by Widow (Widower), Child Parent, Brother or Sister, VA Form 21-551 Application for Reimbursement From Accrued Amounts Due A Deceased Beneficiary, VA Form 21-601 Supporting Statement Regarding Marriage, VA Form 21-4171 Statement of Martial Relationship, VA Form 21-4170 Report of Income From Sale of Property (Protected Pension Law), VA Form 21-6783 Report of Income From Property or Business, VA Form 21-4185 Request for Information Concerning Family Unusual Medical Expenses, VA Form 21-8416a Statement of Income and Net Worth - Disability, VA Form 21-6897 Income Statement for Parent Claiming Dependency and Indemnity Compensation, VA Form 4179c Statement in Support of Claim, VA Form 21-4138 Information From Remarried Widow, VA Form 21-4103 Statement of Income and Net Worth, VA Form 21-4100 Application For Dependency and Indemnity Compensation by Child. VA Form 21-4183 Application for Dependency and Indemnity Compensation by Parent(s), VA Form 21-535 Application for Dependency and Indemnity Compensation or Death Pension or Death Pension By Widow or Child, VA Form 21-534 Statement of Dependency, VA Form 21-509 Income -- Net Worth and Employment Statement, VA Form 21-527 Veteran's Application for Compensation or Pension at Separation From Service, VA Form 21-526e Veteran's Application for Compensation or Pension, VA Form 21-526 (Green)

Records, VA Form 07-3288
Authorization For Release of Information, VA Form 21-4142

Request For and Consent to Release Information From Claimant's

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Claim for Payment of Cost of Unauthorized Medical Services,
   VA Form 10-583
Application For Medical Benefits ASSET-INSURANCE DATA, VA
   Form 10-10f
Application for Medical Benefits for Dependents or Survivors,
   VA Form 10-10d
Medical Certificate and History, VA Form 10-10m
Application for Medical Benefits, VA Form 10-10
Request for Approval of School Attendance, VA Form 21-674
Enrollment Certification, VA Form 21E-1999
Request for Change of Program or Place of Training, VA
   Form 21E-1995
Application for Program of Education or Training, VA Form
   22-1990
Disabled Veterans Application for Vocational Rehabilitation,
   VA Form 21E-1900
Request By Elgible Person for Change of Program or Change of
   Place of Training, VA Form 21E-5495
Application For Educational Assistance, VA Form 21E-5490
Widow's or Wife's Application For Educational Assistance,
   VA Form 21E-5490w
Request For Information and Assistance, VA Form 23-8386
Statement of Accredited Representative in Appealed Case,
   VA Form 1-646
Appeal to Board of Veterans Appeals, VA Form 1-9
Declaration of Marital Status, VA Form 21-686c
Appointment of Service Organization as Claimant's Repre-
   sentative, VA Form 23-22
Request for Certificate of Veteran Status, VA Form 26-8261a
Veteran's Initial Application in Acquiring Specially Adapted
  Housing, VA Form 21-4555
Request for Determination of Loan Guaranty Eligibility -
   Unremarried Widows, VA Form 26-1817
Request for Determination of Eligibility and Available Loan
Guaranty Entitlement, VA Form26-1880
Application for United States Flag for Burial Purposes, VA
  Form 07-2008
Application for Burial Allowance and Accrued Amojnts, Payable
   as Reimbursement, VA Form 21-121
Assignment - Government Life Insurance Benefits, VA Form 21-538
Application for Burial Allowance; VA Form 21-530
Certificate of Relationship, VA Form 21-4117
Claim for Disability Insurance Benefits, VA Form 29-357
Reimbursement Waiver, VA Form 21-5328
Selection of Optional Settelment By Beneficiary, VA Form 21-1501b
Selection of Optional Settelment By Beneficiary, VA Form 21-669
Claim for Death Benefits, VA Form 29-8283
Claim for Life Insurance or Indemnity, VA Form 21-4125
Change of Mode of Premium Payment, VA Form 29-1555
Certification of Change or Correction of Name, VA Form 9-586
Application for Total Disability Income provision, VA Form 29-1606
Application for Policy Loan, VA Form 29-1547
Application For Cash Surrender Value, VA Form 29-1546
Insurance Deduction Authorization, VA Form 29-888
Change of Address For Insurance Purposes, VA Form 29-889
Designation of Beneficiary and Optional Settelment, VA Form 29-336
Authorization for Relaease of Information from Insurance,
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VA Form 29-4337

Authorization for Release of Information From Insurance Records, VA Form 29-4337

Application for Total Disability Income Provision, VA Form 9-1616a Application for Protection of Commercial Life Insurance Policy, VA Form 29-380

Application For Change of Permanent Plan (Nonmedical), VA Form 29-1550

Application For Change of Permanent Plan (Medical), VA Form 29-1549 Application for Conversion (Government Life Insurance), VA Form 29-358

Application For Reinstatement, VA Form 29-353

Supplement to Medical Application For Government Life Insurance, VA Form 29-352a

Application For Reinstatement (Medical), VA Form 9-352 Application For National Service Life Insurance (Medical), VA Form 29-4364

Application For Insurance (Nonmedical), VA Form 29-4354 Application For Insurance (Medical), VA Form 9-4353 Application For Correction of Military or Naval Record, DD Form 149

Application for Headstone or Marker, DD Form 1330 Application for Gold Star Lapel Button, DD Form 3

Application for Admission - Georgia War Veterans Nursing Home, VSB-1

Services and/or Supplies Provided by Civilian Sources (Except Hospitals), DA Form 1863-2

Request for Extended Hospitalization, CHAMPUS Form 132 Application for Retirement - Civil Service Retirement System,

pplication for Retirement - Civil Service Retirement System,
Standard Form No. 2801

Veteran Preference Claim, Standard Form 15 Application For Search of Census Records, Form 12-611 (formerly 10-611, 10/17/62)

Request Pertaining to Military Records, Standard Form 180